

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **101048237**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	IND.	3	IND.	3	IND.	3
TOTAL	DEP.	14	DEP.	14	DEP.	14
TOTAL	CLAIMS	17	CLAIMS	17	CLAIMS	17

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL	DEP.		DEP.		DEP.	
TOTAL	CLAIMS		CLAIMS		CLAIMS	